

AFFIDAVIT OF INDIGENCE***THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY***The State of Texas
vs.

_____ County Court

_____ District Court

Interpreter required? ☐ Yes ☐ No

If yes, language required:

Defendant Currently In:

☐ Correctional Facility ☐ Mental Health Facility***THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT***Name _____ Date of Birth ____/____/____
First Name MI Last NameAddress _____
Street Apt No. City State Zip CodePhone Numbers _____
Home Cell Work Family Member

Social Security No. _____

I receive: ☐ Medicaid ☐ SSI/SSDI ☐ Food Stamps/SNAP ☐ TANF ☐ CCIHP ☐ Public HousingAre you Employed? ☐ Yes ☐ No If yes, where? _____ If no, length of time unemployed? _____

Number of Hours per Week: _____ Hourly pay rate: _____ How long have you worked at this job? _____

Marital Status : ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ SeparatedName of Spouse _____ Spouse's Social Security No. _____
First MI LastName of Dependent Child(ren)
(0-18 yrs.)

Age

Name of Dependent Child(ren)
(0-18 yrs.)

Age

RESIDENCE INFORMATION

Rent: yes or no

Own: yes or no

Reside with family: yes or no

Homeless: yes or no

MONTHLY INCOME AND ASSETS**MONTHLY EXPENSES**

My take home pay	\$	Rent/Mortgage	\$
Spouse's take home pay	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Total Child Expenses (Including Child Support Paid)	\$
SNAP (Food Stamps)	\$	Total Food Expenses	\$
Social Security/Disability	\$	Transportation Costs	\$
Other Government Check	\$	Cell/home phone	\$
Other Income	\$	Probation fees	\$
Assets (car, house, etc.)	\$	Medical Expenses / Health Insurance	\$
TOTAL MONTHLY INCOME AND ASSETS	\$	Minimum Monthly Credit Card Payment	\$
		TOTAL MONTHLY EXPENSES	\$

Defendant's Oath

On this ____day____ day of ____month____, 20 ____year____, I have been advised of my right to representation by counsel in connection with the charge pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me.

Defendant's Signature_____
Date**ONLY ONE SECTION BELOW TO BE COMPLETED.****Unsworn Declaration by Defendant**

(Defendant ONLY)

My name is _____, my date of birth is _____.
(First Name) (Middle Name) (Last Name)

My address is _____, _____, _____, _____, _____.
(Street Number and Name) (City) (State) (Zip Code) (County)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Collin County, State of Texas, on the ____day____ day of ____month____, ____year____.

Administered Oath

(Clerk/Notary ONLY)

SUBSCRIBED and SWORN to before me, the undersigned authority, this _____ day of _____, 20____.

Clerk/Notary Public Signature Date**PLEASE DO NOT WRITE IN THIS SECTION – FOR STAFF USE ONLY****Defendant Currently Meets Eligibility Requirements?**

YES

NO

Date _____

Clerk's Notes

TWC: _____ Family Size: _____ Total Income: _____

FS MC SSI/SSDI TANF CCIHP PH Other: _____